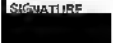



## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>01-JAN-2017</b>		TIME <b>02:14:00</b>		2. ADDRESS OF OCCURRENCE <b>12504 S STATE ST CHICAGO, IL 60628</b>		3. LOCATION CODE <b>304</b>		4. BEAT/SECTION <b>0523</b>		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWO <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OFFICER REPORT VIDEO						
MEMBER INVOLVED	6. POSITION <b>9161</b>		7. LAST NAME <b>RASKE</b>		8. FIRST NAME <b>ALEX S</b>		9. STAR NO. <b>11186</b>		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE <b>WHI</b>		12. AGE <b>603</b>		13. HT. <b>240</b>	
	15. DATE OF APPT. <b>02-JUL-2012</b>		16. EMPLOYEE NO. <b>[REDACTED]</b>		17. UNIT & BEAT OF ASSIGNMENT <b>005 0562D</b>		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	21. LAST NAME <b>ROWLETT</b>		22. FIRST NAME <b>DWANE</b>		23. M.I. <b>K</b>		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE <b>BLK</b>		26. D.O.B. <b>03-APR-1973</b>		27. HT. <b>602</b>		28. WT. <b>270</b>	
SUBJECT INFORMATION	29. ADDRESS <b>12915 S ABERDEEN ST CHICAGO, IL</b>				30. TELEPHONE NO. <b>[REDACTED]</b>		31. WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				35. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>CHRIST</b>											
	36. BY WHOM? <b>[REDACTED]</b>				37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	38. CHARGES PLACED <b>[REDACTED]</b>				39. CB NO. <b>19417085</b>				IR NO. <b>[REDACTED]</b>							
REASON FOR USE OF FORCE (Check all that apply)	40. SUBJECT'S ACTIONS															
	41. MEMBER'S RESPONSE															
WEAPON DISCHARGE INCIDENT	41. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				RANK		STAR NO.		UNIT NO.		42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member							
	46. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial				49. WEATHER CONDITIONS <b>CLEAR</b>					
	50. MAKE/MANUFACTURER <b>GLOCK, INC. -AU-</b>				51. MODEL <b>17</b>		52. BARREL LENGTH <b>4.5</b>				53. CALIBER/GAUGE <b>9 MM</b>					
	54. TASER CART ID NO.				55. WEAPON SERIAL NO. (Include Letters) <b>SVP524</b>				56. CHICAGO GUN REG. NO. <b>R027465S</b>				57. IL FIREARM OWNER ID. NO. <b>15660440</b>			
	58. SPECIAL WEAPON CERTIFICATE NO.				59. PROPERTY INVENTORY NO.				60. TYPE OF AMMUNITION USED <b>Department Issued</b>				61. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>			
	62. TOTAL NO. OF SHOTS MEMBER FIRED <b>9</b>				63. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)				64. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				65. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)			
	66. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				67. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				68. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				69. 76. EVENT NO. <b>1700102141</b>			
	70. 76. R.D. NO. <b>JA100125</b>				71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>CAR DOOR</b>				72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.				73. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)			
	74. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION															

CASE INFORMATION	77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			75. EVENT NO. <b>1700102141</b>	
	78. ADDITIONAL INFORMATION				
SIGNATURES	79. REPORTING MEMBER (Print Name) <b>RASKE, ALEX S</b> <b>01-JAN-2017 08:41:34</b>		STAR/EMPLOYEE NO <b>11186</b>	SIGNATURE 	76. R.D. NO. <b>JA100125</b>
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
	80. REVIEWING SUPERVISOR (Print Name) <b>GUTIERREZ, ADNARDO</b>	STAR NO. <b>714</b>	SIGNATURE 	DATE REVIEWED TIME <b>01-JAN-2017 08:43:09</b>	

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS, (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS

### 31. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Surgery

### 32. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U#17-001, no body cameras or dashboard videos.

As of this report no further action by the undersigned is required. Investigation into this incident is ongoing by Area South Detective Division and IPRA and appropriate criminal charges have not been determined. Based on the available facts at the time, it is the preliminary finding of the undersigned that further investigation is needed.

### 33. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-06.

### 34. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

☐ LOG NO. 1083546 OBTAINED

### 35. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

WILLIAMS, TERENCE V

36.

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

### 37. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

[Signature]

DATE COMPLETED TIME

01-JAN-2017 09:01:11